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INFO RUEHHM/AMCONSUL HO CHI MINH 3150

RUEHZS/ASEAN REGIONAL FORUM COLLECTIVE

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RUEHHK/AMCONSUL HONG KONG 1203

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RUEHCN/AMCONSUL CHENGDU 0303

RUEHSUN/USUN ROME IT

RUEHIN/AIT TAIPEI 1496

RUEAAIA/CIA WASHINGTON DC

RUEHPH/CDC ATLANTA GA

RUEAUSA/DEPT OF HHS WASHINGTON DC

RUEHRC/DEPT OF AGRICULTURE WASHINGTON DC

RUEKJCS/SECDEF WASHINGTON DC//USDP/ISA/AP//

RHMFIISS/CJCS WASHINGTON DC//J2/J3/J5//

RHEFDIA/DIA WASHINGTON DC//DHO-3//

RHMFIIU/CDR USPACOM HONOLULU HI//J00/J2/J3/J5//

RHEFAFM/DIRAFMIC FT DETRICK MD//MA-1A//

UNCLAS SECTION 01 OF 04 HANOI 001026

SIPDIS

SENSITIVE

SIPDIS

STATE FOR EAP/MLS, EAP/EP, INR, OES/STC, OES/IHA, MED

STATE PASS TO USAID FOR ANE AND GH

STATE PASS TO HHS/OGHA (STIEGER, VALDEZ, BELL, HICKEY)

CDC (COX AND MOHEN)

USDA PASS TO APHIS

DEPARTMENT OF DEFENSE FOR OSD/ISA/AP (STERN)

BANGKOK FOR RMO, CDC, USAID (MACARTHUR AND BRADY)

VIENTIANE FOR CDC (CORWIN)

ROME FOR FAO

E.O. 12958: N/A

TAGS: [TBIO](#) [KFLU](#) [AMED](#) [AMGT](#) [CASC](#) [EAGR](#) [PINR](#) [SOCI](#) [VM](#)

SUBJECT: AVIAN INFLUENZA UPDATE - MORE POULTRY OUTBREAKS

HANOI 00001026 001.2 OF 004

SENSITIVE BUT UNCLASSIFIED

REF: HANOI 973 and previous

11. (U) Summary: Vietnam is experiencing a new wave of H5N1 AI outbreaks in poultry. In May 2007, poultry outbreaks have been reported in 12 provinces and municipalities throughout the country. The Government of Vietnam's (GVN) public health response to the reported first human case since November 2005 was swift and appropriate, but only after the case-patient arrived at the Bach Mai Hospital's Intensive Care Unit. Several days lapsed between the case-patient's initial contact with sick and dead poultry and this response, indicating that there remain gaps at the village- and district-levels. The 30-year old man from Vinh Phuoc Province is recovering and has been taken off a ventilator. The Partnership for Avian and Human Influenza (PAHI) held its first meeting on May 29. USAID Vietnam hosted a USG implementing partners meeting on May 30 to provide programmatic updates, share ideas on recent outbreaks and provide informal updates on USG-funded activities. End Summary.

Human Case

¶12. (SBU) Per ref tel, a 30 year-old man from northern Vietnam's Vinh Phuc Province has been confirmed as the first human case of highly pathologic AI since November 2005. This case-patient from Thach Da Commune, Me Linh District, Vinh Phuc Province slaughtered chickens for a wedding party of 100 people on May 5. Response teams reported that the chickens had been purchased in neighboring northern Ha Tay Province and that some were reported to have been ill or dead at time of the slaughtering. On May 10, the case-patient developed an illness with fever, cough, and difficulty in breathing; milder symptoms may have arisen 2-3 days earlier. In the period May 11-14, the case-patient became progressively more ill, and on May 14 he was admitted overnight at the district clinic. On May 15, he was transferred to Bach Mai Hospital, Hanoi, where he was hospitalized on a general medical ward with a diagnosis of pneumonia.

¶13. (SBU) The patient's condition deteriorated further over the next several days and on May 18 he was transferred to the Bach Mai Intensive Care Unit for mechanical ventilation. On May 19, the National Institutes of Hygiene and Epidemiology (NIHE) was notified of a case of severe viral pneumonia and, following protocol, a team was dispatched to collect clinical specimens and exposure information. Results of polymerase chain reaction (PCR) testing available later that day were positive for H5N1 infection; results were confirmed with repeat PCR and preliminary sequencing was performed and reported to higher authorities on May 20. At that point, information became available on exposure to sick chickens at time of slaughtering.

¶14. (SBU) On May 21-22, a team comprised of epidemiology, laboratory, and sanitarian staff from the Ministry of Health's (MOH) Preventive Medicine Department at central and local level levels and NIHE, a clinician from Hospital Infectious and Tropical Diseases, Hanoi, and District Animal Health staff investigated circumstances at the site of probable exposure, Me Linh District, Vinh Phuc Province, and took appropriate prevention and control actions. Investigations and

HANOI 00001026 002.2 OF 004

control measures were also carried out at the health facilities where the patient had received treatment. Approximately 40 health care workers and 70 family members and other close contacts were administered prophylactic 7-day courses of oseltamivir (Tamiflu). Epidemiologic investigations revealed only one contact with symptoms, a 16-year old niece with a mild upper respiratory illness who was H5N1 test negative and recovered without consequence. Intensive area surveillance over the next week identified no further persons with suspect symptoms, and no AI outbreaks in Me Linh District or Ha Tay Province. By May 30, the patient's condition was reported to be much improved and recovering without need for ventilator assistance.

¶15. (SBU) Comment. The GVN's public health response to this human case was swift and appropriate, but only after the case-patient arrived at the Bach Mai Hospital's Intensive Care Unit. Several days lapsed between the case-patient's initial contact with dead poultry and this response, indicating that there remain gaps at the village- and district-level. This case illustrates the need for continuing USG's activities at the grassroots level and particularly with farmers and village animal and human health workers. USG implementing partners reveal that awareness levels are not equal in all provinces and districts, with many areas still having quite low levels of awareness (e.g., how one contracts HPAI). End Comment.

Animal Outbreaks

¶16. (SBU) Vietnam is experiencing a new wave of H5N1 AI outbreaks in poultry. In May 2007, poultry outbreaks have been reported in 12 provinces and municipalities, including Nghe An, Nam Dinh, Son La, Hai Phong, Quang Ninh, Bac Giang, Ninh Binh, Bac Ninh, Vinh Phuc and Ha Nam in the north, and Dong Thap and Can Tho in the south. The most recent poultry outbreaks have occurred in northern Nam Dinh and Ninh Binh Provinces and southern Dong Thap Province. The outbreaks in Vietnam have mostly affected unvaccinated, immature duck flocks, but smaller numbers of older birds have also been affected. As previously reported, all of the outbreaks were quickly brought under control. Response measures included culling, vaccinating

surrounding flocks, disinfecting poultry pens, restricting of the movement of poultry beyond outbreak areas and animal quarantine.

¶7. (U) The Minister of Agriculture and Rural Development (MARD) Cao Duc Phat stated at a session of the National Steering Committee for Bird Flu Control and Prevention on May 29 that all waterfowl must either be immediately vaccinated or culled. Media reports indicate that since early May over 49,000 poultry have been found either dead or have been culled by animal health workers.

Partnership for Avian and Human Influenza

¶8. (U) The GVN hosted a plenary meeting of the Partnership for Avian and Human Influenza (PAHI) and formally established its Secretariat office on May 29. Beyond the original nine signatory partners, which includes the U.S. Mission, three additional non-governmental organizations (NGO) joined the PAHI. The GVN's national plan calls for USD 250 million in assistance. The GVN has pledged to

HANOI 00001026 003.2 OF 004

contribute 50 percent of this amount. The international donors have delivered about USD 70 million, leaving a gap of about USD 55 million. The USG remains the second largest donor to PAHI, second only to Japan.

¶9. (SBU) During the original negotiation and clearance of the PAHI framework document, Japan pushed for decreasing the perception of the binding nature of the framework by suggesting that the document be changed from a memorandum of understanding to a simple agreement. Although this point was conceded, Japan did not sign at the meeting in November 2006. At the May 29 plenary, Japan left prior to the signing portion of the agenda, but pledged to sign sometime in the future.

¶10. (U) The PAHI Secretariat serves to: a) facilitate and coordinate donor commitments and funding; b) serve as a platform for information exchange and policy development; and c) harmonize monitoring and evaluation efforts. The Secretariat announced plans to add two other technical working groups, one each on animal and human health activities to compliment the existing communications workgroup, which predates PAHI.

¶11. (SBU) The announcement of the technical workgroups was welcomed by the USG AI in-country team, who has been advocating since November 2006 for the addition of technical workgroup function to better harmonize efforts across donors programs. There was open support that PAHI examine ongoing USG planning efforts on monitoring and evaluation.

¶12. (SBU) United Nations Resident Coordinator John Hendra concluded the meeting by summarizing two important points: a) the need to draw out the total funds spent and pledged to date, by the implementing start date of the national plan as well as to justify with current figures on the gap; and b) to need to further discuss and address the GVN's organization structure as illustrated in the national plan versus the current operating approach.

¶13. (SBU) Comment: Post believes the PAHI has to-date succeeded to deliver its objectives. The PAHI has leveraged the USG's investment in building capacity for highly pathological AI in Vietnam through the promotion of openness, transparency and accountability. End Comment.

USG Implementing Partners Meeting

¶14. (SBU) USAID Vietnam hosted a USG implementing partners meeting on May 30 to provide programmatic updates, share ideas on recent outbreaks and provide informal updates on USG-funded activities. Thirteen representatives of USAID, State, CDC, FAO, Abt Associates, AED, AVSF, CRS, and Kenan Institute attended. Topics discussed include the status of 2007 supplemental funding for AI, the current grassroots level demand and use of rapid testing kits, farmers' compensation for culled poultry, the barriers to conducting a comprehensive poultry vaccination campaign, sharing methodologies

and results of various KAP surveys, gaps in local knowledge levels and the use of mass media and television, a pilot supply chain management activity, development of public-private partnership

HANOI 00001026 004.2 OF 004

activities, discussions between the MOH and CARE to expand their model village-based surveillance activity and the MOH's response to the human case-patient.

MARINE